

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51		2					
2		1					52		2					
3		1					53		2					
4		1					54		2					
5		1					55	1	2					
6		1					56		1					
7		3					57		1					
8		3					58		1					
9		3					59		1					
10		3					60		1					
11		1					61		3					
12		1					62		3					
13		1					63		1					
14		3					64		1					
15		3					65		1					
16		3					66		1					
17		3					67		4					
18		3					68		4					
19		1					69		1					
20		1					70		1					
21		1					71		1					
22		3					72		3					
23		3					73		3					
24		3					74		1					
25		3					75		1					
26		1					76		1					
27		1					77		1					
28		1					78		4					
29		1					79		4					
30		4					80		1					
31		4					81		1					
32		4					82		1					
33		4					83		2					
34		1					84		2					
35		1					85		1					
36		1					86		1					
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38		1					88		2					
39		1					89		1					
40		1					90		1					
41		1					91		2					
42		1					92		1					
43		2					93		1					
44		2					94		2					
45		2					95		1					
46		2					96		1					
47		2					97		1					
48		1					98		1					
49		1					99		1					
50		2					100		1					
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

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1		1				
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TOTAL IND.						
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TOTAL CLAIMS						